

NECORFA.005A

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application Number: 10/671,002 Confirmation Number: 4540

Applicant: Earthman et al.

Filing Date: 25 September 2003

Art Unit: 3736

Examiner: Sadaf A. Toor

Customer Number: 20,995

Commissioner for Patents
Post Office Box 1450
Alexandria, Virginia 22313-1450

AMENDMENT

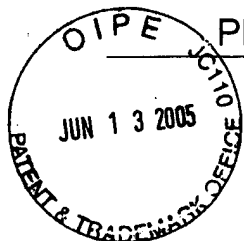
Sir:

In response to the Office Action mailed on 23 March 2005, and in follow-up to the telephonic interview conducted on 17 May 2005, please enter the following amendments and consider the following remarks.

Introductory Comments

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks/Arguments begin on page 8 of this paper.

Please Direct All Correspondence to Customer Number **20995****AMENDMENT / RESPONSE TRANSMITTAL**

Applicant : Earthman et al.
 App. No : 10/671,002
 Filed : 25 September 2003
 For : EVALUATION OF REFLECTED
 TIME-ENERGY PROFILE FOR
 DETERMINATION OF DAMPING
 CAPACITY
 Examiner : Sadaf A. Toor
 Art Unit : 3736

CERTIFICATE OF MAILING

I hereby certify that this correspondence and all marked attachments are being deposited with the United States Postal Service as first-class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on

9 June 2005

(Date)

Kyle P. Schlueter
 Kyle P. Schlueter, Reg. No. 54,912

Mail Stop Amendment

Commissioner for Patents
 P.O. Box 1450
 Alexandria, VA 22313-1450

Sir:

Transmitted herewith for filing in the above-identified application are the following enclosures:

- (X) Amendment in 17 pages.
- (X) Supplemental Information Disclosure Statement; PTO/SB/08 Equivalent Form listing 11 references with copies enclosed.

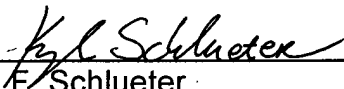
The fee has been calculated as shown below:

The present application qualifies for Small Entity Status under 37 CFR 1.27.

FEE CALCULATION				
FEE TYPE		FEE CODE	CALCULATION	TOTAL
Excess Claims > 20	36 - 37 = 0	2202 (\$25)	0 x 25 =	\$0
Independent > 3	7 - 7 = 0	2201 (\$100)	0 x 100 =	\$0
Supplemental Information Disclosure Statement				\$180
			TOTAL FEE DUE	\$180

Please Direct All Correspondence to Customer Number 20995

- (X) A check in the amount of \$180 is enclosed.
- (X) Return prepaid postcard.
- (X) Please charge any additional fees, including any fees for additional extension of time, or credit overpayment to Deposit Account No. 11-1410.



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